



CERT. NO. _____

EXAM NO. _____

**COMMONWEALTH OF KENTUCKY
PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF PLUMBING
101 SEA HERO ROAD, SUITE 100
FRANKFORT, KENTUCKY 40601-5405
(502) 573-0397 FAX (502) 573-1058**

APPLICATION FOR LICENSE AS A JOURNEYMAN PLUMBER

I hereby make application for examination and license as a Journeyman Plumber. The exam fee of \$50.00 is enclosed.

**A SIGNED RECENT PHOTOGRAPH MUST ACCOMPANY THIS APPLICATION.
ALL QUESTIONS ON THE APPLICATION MUST BE ANSWERED. PLEASE TYPE OR PRINT ANSWERS.**

1. Are you a licensed Journeyman Plumber in another state?

☐ Yes ☐ No

List each state and date you were first licensed:

_____ Date _____

_____ Date _____

_____ Date _____

How long have you worked at the business of plumbing?

_____ Months _____ Years

3. NAME: _____
(First) (Initial) (Last)

Address: _____
(Street, Route or Box Number)

City State Zip

County: _____

Social Security Number: _____

Birthdate: _____ Height _____ Weight _____

2. Have you previously taken the examination for a
Journeyman's Plumbing license in the State of KY?

☐ Yes ☐ No

Date of Last Examination: _____

Results of Examination: _____

4. Are you a U.S. Citizen?

☐ Yes ☐ No

If not, have you filed for naturalization papers?

☐ Yes ☐ No

5. State the extent of your training (trade school, correspondence courses, etc.)

6. Attach W-2 Forms, other authoritative financial documents, or a notarized affidavit signed by your employer(s) to verify that you have completed two consecutive years experience in the plumbing trade.

7. Give name and complete address of last three employers.

Name of Employer: _____ From _____, 20____.

Address: _____ To _____, 20____.

Name of Employer: _____ From _____, 20____.

Address: _____ To _____, 20____.

Name of Employer: _____ From _____, 20____.

Address: _____ To _____, 20____.

Applicant's Signature: _____

Phone: _____
(Area Code) Number

Commonwealth of Kentucky

County of _____

The applicant, whose name is, _____, being duly sworn declares that the foregoing statements subscribed to by him/her are true to the best of his/her knowledge and belief, and that he/she has personally signed this application.

Subscribed and sworn to before me this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public

Date of Examination: _____, 20____.

Written: _____ %

Chart: _____ %

Practical: C. _____ S. _____ %

General Average: _____ %

Remarks: _____

Approximate Size
2" x 2 3/4"

Applicant's Photo

No Staples Please